

IN THE UNITED STATES DISTRICT COURT FOR THE
WESTERN DISTRICT OF OKLAHOMA

ARBITRATION HEARING VOUCHER

Re: CIV- -

Style of Case: _____

An Arbitration hearing was held on date(s): _____

Arbitrator(s) Name/Address: _____

Tax I.D.
or Social Security Number: _____

Daily Fee: \$150.00 for a single arbitrator _____

 \$100.00 each for a panel of three arbitrators _____

Transportation Expenses (Please itemize): _____

TOTAL: _____

Signature of Arbitrator(s): _____

Please mail to ADR Administrator

U.S. Courthouse
200 N.W. 4th Street
Oklahoma City, OK 73102

Received by Clerk: _____ Date: _____